



Maricopa County Justice Courts, State of Arizona

Name of Petitioner/Plaintiff

Case Number: _____

REQUEST AND ORDER
FOR HEARING

Name of Respondent/Defendant

Check at least one of the following:

- ☐ I request a hearing on the denial of my supplemental application for waiver or further deferral.
- ☐ I do not agree with the amount of unpaid fees and costs on the itemized statement provided by the court. I request a hearing on the calculation of the unpaid fees and costs.

Date: _____ Signature: _____

Print your name: _____

The Court completes the following section.

IT IS ORDERED scheduling a hearing on the above matter.

Hearing Date: _____ Hearing Time: _____

Hearing Location: _____

Hearing Officer: _____

Dated: _____

Judge/Special Commissioner

Mailed/handed to applicant on _____, ____ by _____